

**PHYSICAL EXAM STATUS FORM**  
**AIR BORNE/ SPEC FORCES**

NAME (LAST, FIRST MI) \_\_\_\_\_  
RANK \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
SERVICE: ARMY AF NAVY MARINE COAST GUARD  
UNIT \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
PHONE NUMBER - HOME \_\_\_\_\_ WORK \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Please read the following Quality Control Statement: If you have problems or questions about your examination, please contact the NCOIC or the OIC prior to departing South Post Health Clinic.**

**EXAMINATION REQUIREMENTS**

DD 2808

ALL FILLED OUT \_\_\_\_\_

DD2807-1

ALL QUESTIONS ANSWERED \_\_\_\_\_

ALL QUESTIONS EXPLAINED \_\_\_\_\_

VITALS

BLOOD PRESSURE \_\_\_\_\_

PULSE \_\_\_\_\_

TEMPERATURE \_\_\_\_\_

HEIGHT/WEIGHT \_\_\_\_\_

HEARING RESULTS \_\_\_\_\_

VISION

ACUITY \_\_\_\_\_

COLOR \_\_\_\_\_

LAB WORK

CBC \_\_\_\_\_

LIPID \_\_\_\_\_ (SF ONLY)

FBS \_\_\_\_\_ (SF ONLY)

HIV \_\_\_\_\_ (SF ONLY)

UA \_\_\_\_\_

RPR \_\_\_\_\_ (SF ONLY)

SICKLE \_\_\_\_\_

CHEST X-RAY \_\_\_\_\_ (SF ONLY)

PAP(FEMALE) \_\_\_\_\_

EKG \_\_\_\_\_ (SF ONLY)

( ) Check if exam is to be mailed to the above home address. Service member assumes responsibility for exams lost though the postal system.